

HAINES CLASS ACTION SETTLEMENT FUND CLAIM FORM

This form is to be completed by those individuals who wish to be considered for a monetary award from the Settlement Fund as a Class Member.

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK

Your Name: _____
First MI Last

Address: _____
(No. and Street)

(City) (State) (Zip Code)

Your date of birth: _____ Your social security number: _____

Daytime telephone no.: (____ __) ____ - ____

Any other telephone numbers where you may be reached:

1. Name of your decedent: _____

2. Decedent's date of death: _____

3. Your relationship to decedent: _____

4. List any other addresses where you lived during from 1991 to 2002 and your best estimate of the time period when you resided at each address [use back of this form, if additional space is needed]:

5. List each and every one of decedent's next-of-kin (i.e. spouse, children, parent(s), brothers or sisters) **together with their last known address and phone number(s)**, and their relationship to decedent, who were living at the time of decedent's death [use back of this form, if additional space is needed]:

Pursuant to 28 U.S.C.A. § 1746, I state under penalty of perjury that the foregoing is true and correct.

Executed on _____
(date) (Signature)

PLEASE NOTE: THIS CLAIM FORM MUST BE SIGNED AND MAILED TO THE SPECIAL MASTER AT THE FOLLOWING ADDRESS AND POSTMARKED ON OR BEFORE AUGUST 6, 2007 IN ORDER FOR YOU TO BE ELIGIBLE TO PARTICIPATE IN THIS SETTLEMENT.

Office of the Special Master
Hailey Class Action Settlement Fund
P.O. Box 37788
Cincinnati, Ohio 45222
(513) 381-5900